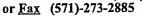
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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(Depositor's name)	
(Signature)	
. (Date)	

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,398	10/29/2003	Takeshi Sakamoto	1065.1034	6798

TITLE OF INVENTION: WAVELENGTH-DIVISION MULTIPLEXING OPTICAL COMMUNICATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/29/2007
EXAMINER ART UNIT DIACOU, ARI M 3663		ART UNIT	CLASS-SUBCLASS	06/15/2007 AUONDAF2 00000120 10695398		
		3663	359-334000	01 FC:1501 02 FC:1504		1400.00 07 300.00 07
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single	3 registered patent attornively, e firm (having as a memb agent) and the names of u meys or agents. If no nam	era 2	HALSEY LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FUJITSU LIMITED	KAWASAKI, JAPAN
Please check the appropriate assignee category or categories (will not be	printed on the patent): \square Individual $\overset{\frown}{\mathbf{M}}$ Corporation or other private group entity \square Government
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
NOTE: The Issue Fee and Publication Fee (if required) will not be accep interest as shown by the records of the United States Patent and Tradema	ted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in trk Office.
Authorized Signature MD	Date
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